

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

☐ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

☒ ORIGINAL REPORT

This Report Covers Calendar Year: 2014

☐ AMENDED REPORT

☐ FINAL REPORT (WHERE TERM ENDS IN JANUARY [COVERING JANUARY 1 THROUGH JANUARY ☐ ])

A final reports must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

OFFICE/POSITION HELD: District Attorney 27<sup>th</sup> Judicial DistrictNAME OF FILER (print full name): Earl Basil TaylorMailing Address: P.O. Drawer 1968City, State, Zip: Opelousas, LA 70571-1968NAME OF SPOUSE(if applicable)(print full name): Nomalee Faux TaylorSpouse's Occupation: Property ManagerSpouse's Principal Business Address: 122 Rue ChristinaCity, State, Zip: Opelousas, LA 70570**CHECK ALL THAT APPLY**

☐ I have filed my state income tax return for the previous year.

☒ I have filed for an extension of my state income tax return for the previous year.

☐ I have filed my federal income tax return for the previous year.

☒ I have filed for an extension of my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

**CERTIFICATE OF ACCURACY**

I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

Earl Basil Taylor  
Signature of Filer

Sworn to and subscribed before me this 12<sup>th</sup> day of May, 2015Faye R. Blanchard

Notary Public (print name)

Faye R. Blanchard

Notary Public (signature)

ID# 40314Date Commission Expires At Death

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**Schedule A: Employment Information**☐ Check if not applicable

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: <u>Earl Taylor</u>	
Job Title: <u>District Attorney</u>	
Job Description: <u>Prosecuting, Prevention + rehabilitation of Criminals</u>	
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>Taylor and Thosclair, Lawyers</u>	
Job Title: <u>Lawyer</u>	
Job Description: <u>Practicing law</u>	
<input type="checkbox"/> Filer <input checked="" type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input checked="" type="checkbox"/> Part-Time
Name of Employer: <u>Lee Taylor Property Manager</u>	
Job Title: <u>Property manager</u>	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name of Employer: _____	
Job Title: _____	
Job Description: _____	

- \* You are required to disclose employment information related to both you and your spouse (if applicable).
- \* List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.
- \* Self-employment information is reported on Schedule B.

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**Schedule B: Positions - Business**☐ Check if not applicable☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 60 %Name of Business: Taylor and Trosclair LawyersAddress: P.O. Drawer 1149City, State, Zip: Opelousas, LA 70571-1149Business Description: Law PracticeNature of Association: Partner☐ Filer ☒ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Lee Taylor Property ManagerAddress: 122 Rue ChristingCity, State, Zip: Opelousas, LA 70570Business Description: Managing RentalNature of Association: Owner☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): \_\_\_\_\_ %

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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**Schedule C: Positions - Nonprofit**☐ Check if not applicable☒ Filer ☐ SpouseName of Organization: Earl Taylor Cares, Inc.Address: P.O. Drawer 1149City, State, Zip: Opelousas, LA 70571-1149Nature of Association: non-profit for youth projectsDescription of Organization: raise money for various youth projects☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.

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**Schedule D: Other Offices/Positions Held**☒ Check if not applicable

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\* You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

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**Schedule E: Immovable Property**☐ Check if not applicable (where the value of the interest in the parcel exceeds \$2,000)

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
Location of Property:		
State: <u>LA</u>	Parish/County: <u>St. Landry</u>	
Description of Property: <u>Commercial lot + building</u>		
Value of the Interest in the Parcel:		
<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input checked="" type="checkbox"/> Category III (\$25,000-\$100,000)	<input type="checkbox"/> Category IV (more than \$100,000)	

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Both
Location of Property:		
State: <u>LA</u>	Parish/County: <u>St. Landry</u>	
Description of Property: <u>Residence</u>		
Value of the Interest in the Parcel:		
<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000)	<input checked="" type="checkbox"/> Category IV (more than \$100,000)	

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Location of Property:		
State: <u>LA</u>	Parish/County: <u>St. Landry</u>	
Description of Property: <u>Farm Land</u>		
Value of the Interest in the Parcel:		
<input type="checkbox"/> Category I (less than \$5,000)	<input checked="" type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000)	<input type="checkbox"/> Category IV (more than \$100,000)	

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Both
Location of Property:		
State: _____	Parish/County: _____	
Description of Property: _____		
Value of the Interest in the Parcel:		
<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)	
<input type="checkbox"/> Category III (\$25,000-\$100,000)	<input type="checkbox"/> Category IV (more than \$100,000)	

\* You are required to disclose the location by state and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes).

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**Schedule F: Income from the State, Political**☐ Check if not applicable **Subdivisions, and/or Gaming Interests**☒ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming InterestName of Business(if applicable): St. Landry (27<sup>th</sup> JD) District AttorneyName of Income Source: State Warrant, St. Landry Parish Gov't, DA self generatedAddress: P.O. Drawer 1948City, State, Zip: Opelousas, LA 70571Amount of Income (exact dollar amount): \$ 168,000☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business(if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Business(where amount of interest exceeds 10%)Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Name of Business(if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE F if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) *political subdivision*, *gaming interest*, and *business* are found in the *Instructions Section* of this form.

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**Schedule G: Income Received from Employment**☐ Check if not applicable☒ Filer ☐ Spouse ☐ Full-time ☐ Part-timeName of Employer: Taylor + Trosclair lawyersAddress: P.O. Drawer 1149City, State, Zip: Opelousas, LA 70571Nature of services (pursuant to such employment): Private Law PracticeAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE G to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income that is reported on SCHEDULE F does not have to be restated on SCHEDULE G.

\* Income received through self-employment is reported on SCHEDULE H, unless it is reported on Schedule F.



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**Schedule H: Income Received From Business**☐ Check if not applicable**AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS:**

- ☒ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☐ Category IV (more than \$100,000)

☐ Filer    ☒ SpouseName of Business: Earl & Lee Taylor Rental PropertyAddress: 122 Rue ChristinaCity, State, Zip: Opelousas, LA 70570Nature of services rendered or reason income was received: management of rental property, collecting rent, doing repairs, etc..☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

☐ Filer    ☐ Spouse

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

\* You are required to complete SCHEDULE H if you or your spouse received income from a business.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income reported on SCHEDULE F or G does not have to be restated on SCHEDULE H.

\* Income received through *self-employment* is reported on SCHEDULE H.

\* "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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**Schedule I: Other Income**☐ Check if not applicable

(any other income that exceeds \$1,000)

☒ Filer ☒ Spouse

Description of Income:

*Social Security*

Nature of services rendered or reason income was received:

*Filed for Social Security / Receiving S.S.*Amount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income:

Nature of services rendered or reason income was received:

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

- \* You are required to complete SCHEDULE I if you or your spouse received any other type of income (includes any income from private source such as rental income, federal retirement, etc.) that exceeded \$1,000.
- \* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.
- \* You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.
- \* Income that is reported on SCHEDULE F, G, or H does not have to be restated on SCHEDULE I.
- \* Income from retirement accounts not reported on Schedule F should be included on Schedule I.

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**Schedule J: Investment Holdings**

☐ Check if not applicable

(an investment holding that exceeds \$5,000)

☐ Filer ☐ Spouse ☒ Both

Name of Security:

Edward Jones

Description of Security:

IRA / Municipal Bonds

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

☐ Filer ☐ Spouse ☐ Both

Name of Security:

Description of Security:

- \* You are required to complete SCHEDULE J if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.
- \* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.
- \* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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(a transaction that exceeds \$5,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Transaction Date: \_\_\_\_\_

Description of Transaction:  
\_\_\_\_\_  
\_\_\_\_\_Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE K if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (when the value of the transaction exceeded \$5,000 in the previous calendar year).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

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**Schedule L: Liabilities**☐ Check if not applicable

(a liability that exceeds \$10,000)

☒ Filer ☒ SpouseName of Creditor: St. Landry Homestead Assn.Address: 235 n. Court St.City, State, Zip: Opelousas, LA 70570

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE L if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*"Consumer Credit Transaction" in R.S. 9:3516(13) means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq.

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**Schedule M: Positions - Business**(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Check if not applicable☒ Filer ☐ Spouse ☐ Both

Name of Business:

Taylor + Trosclair Lawyers

Address:

P.O. Drawer 1149

City, State, Zip:

Opelousas, LA 70571-1149

Business Description:

Law Practice

Nature of Association:

Partner

Amount of Interest:

60 %

☐ Filer ☒ Spouse ☐ Both

Name of Business:

Lee Taylor Property Manager

Address:

122 Rue Christina

City, State, Zip:

Opelousas, LA 70570

Business Description:

Managing rental property

Nature of Association:

Owner

Amount of Interest:

100 %

☐ Filer ☐ Spouse ☐ Both

Name of Business:

Address:

City, State, Zip:

Business Description:

Nature of Association:

Amount of Interest:

%

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
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and/or Political Subdivisions**☒ Check if not applicable(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

☐ Filer ☐ Spouse ☐ BusinessType of Income: ☐ State ☐ Political Subdivision

Name of Business (if applicable): \_\_\_\_\_

Name of Income Source: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received *regardless of the percentage of ownership in the business*.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE F does not have to be restated on SCHEDULE N.

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**Schedule O: Income from a Governmental Entity**(to be completed by members of the Ethics Adjudicatory Board and  
Ethics Board, and the administrator of the Ethics Administration)☒ Check if not applicable☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).